



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D4130-9**  
**Job Sheet 178296**



Part No: D4130-9

Job Qty: 3 ea

Part Name: Aft Cargo Floor Protector



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 5/29/18

Job Tracking No:

Due Date: 6/8/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV B SHEET 5 IPP Rev:A 10.06.08 new issue DD verf:EC

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off                  |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|---------------------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                           |
| 90    | Start up Operation | 3 Ea  |            | 6/8/18   | 0.00      | 0.00    | Start Up Waterjet     |           | de 16/05/30               |
| 100   | Waterjet           | 3 pcs |            | 6/8/18   | 0.00      | 0.54    | Waterjet1             |           | de 18/05/30               |
| 110   | QC                 | 3 pcs |            | 6/8/18   | 0.00      | 0.00    | QC2 Waterjet-3        |           | de 18/05/30               |
| 120   | QC                 | 3 pcs |            | 6/8/18   | 0.00      | 0.00    | QC8-4                 |           | 38                        |
| 130   | Packaging          | 3 pcs |            | 6/8/18   | 0.00      | 0.00    | Packaging3            |           | 9-89                      |
| 140   | QC21-SA            | 3 Ea  |            | 6/8/18   | 0.00      | 0.00    | QC21                  |           | 21 9-89 JUN 05 2018 PH001 |

### Job BOM

| Part / Item         | Component Name                      | Quantity              | Operation             | Container |
|---------------------|-------------------------------------|-----------------------|-----------------------|-----------|
| MLEXS.125-F60029-04 | GE Plastics Lexan Sheet (Dark Grey) | 17.6460 sf (5.882 ea) | 90-Start up Operation |           |

### Job Allocations

| Operation             | Component Part      | Required | Inventory | Allocated |
|-----------------------|---------------------|----------|-----------|-----------|
| 90-Start up Operation | MLEXS.125-F60029-04 | 18       | 3,579     | 0         |

### Part Specifications

Specifications could not be found.

Plex 5/29/18 2:40 PM Dart.lajeunesse.marie

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use <input type="checkbox"/>                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="float: right; text-align: right;">           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           /Store/Packaging Supplier <input type="checkbox"/> </div> <div style="float: right; text-align: right;">           Engineering Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> <div style="clear: both;"></div> |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Description: _____<br><br><div style="height: 200px; border: 1px solid black;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; padding: 5px;"> <b>MRB (QSI042) Approval</b><br/><br/> <b>Completed By</b><br/><br/> <b>Lead hand / Supervisor Approval Verification</b><br/><br/> <b>QC / QA Coordinator Approval</b> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| <table border="0"> <tr><td>Environment</td><td><input type="checkbox"/></td></tr> <tr><td>Design</td><td><input type="checkbox"/></td></tr> <tr><td>Doc/Data</td><td><input type="checkbox"/></td></tr> <tr><td>Equip/Tooling</td><td><input type="checkbox"/></td></tr> <tr><td>Handling/Pre</td><td><input type="checkbox"/></td></tr> <tr><td>Material</td><td><input type="checkbox"/></td></tr> <tr><td>Internal Transport</td><td><input type="checkbox"/></td></tr> <tr><td>Tribal Knowledge</td><td><input type="checkbox"/></td></tr> <tr><td>LOA</td><td><input type="checkbox"/></td></tr> <tr><td>Substation</td><td><input type="checkbox"/></td></tr> <tr><td>Past Expiry Date</td><td><input type="checkbox"/></td></tr> <tr><td>Misidentified</td><td><input type="checkbox"/></td></tr> </table>                                                                                                                                                                                                                                                                                   | Environment                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                            | Design                                    | <input type="checkbox"/>                  | Doc/Data                               | <input type="checkbox"/>                    | Equip/Tooling                  | <input type="checkbox"/>                      | Handling/Pre                  | <input type="checkbox"/>                | Material                                    | <input type="checkbox"/>                   | Internal Transport                       | <input type="checkbox"/>            | Tribal Knowledge                 | <input type="checkbox"/>         | LOA                                 | <input type="checkbox"/>        | Substation                            | <input type="checkbox"/>         | Past Expiry Date                               | <input type="checkbox"/>                  | Misidentified | <input type="checkbox"/> | <table border="0"> <tr><td>No Re-verification</td><td><input type="checkbox"/></td></tr> <tr><td>Operator</td><td><input type="checkbox"/></td></tr> <tr><td>Offset/Setup</td><td><input type="checkbox"/></td></tr> <tr><td>Supplier</td><td><input type="checkbox"/></td></tr> <tr><td>Training</td><td><input type="checkbox"/></td></tr> <tr><td>Use for Testing</td><td><input type="checkbox"/></td></tr> <tr><td>Poor Information</td><td><input type="checkbox"/></td></tr> <tr><td>Rushing</td><td><input type="checkbox"/></td></tr> <tr><td>Product Improvement</td><td><input type="checkbox"/></td></tr> <tr><td>Process Improvement</td><td><input type="checkbox"/></td></tr> <tr><td>Manufacturing Process</td><td><input type="checkbox"/></td></tr> <tr><td>Past Due</td><td><input type="checkbox"/></td></tr> </table> | No Re-verification | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Training | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | Past Due | <input type="checkbox"/> | <table border="0"> <tr><td>Crimp/Kink/Ripple/Wave</td><td><input type="checkbox"/></td></tr> <tr><td>Cuffs</td><td><input type="checkbox"/></td></tr> <tr><td>Crushing</td><td><input type="checkbox"/></td></tr> <tr><td>Heat Treat</td><td><input type="checkbox"/></td></tr> <tr><td>Wave/Twist in Tube</td><td><input type="checkbox"/></td></tr> <tr><td>Marks/Chatter</td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">OTHER : _____</td></tr> </table> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Cuffs | <input type="checkbox"/> | Crushing | <input type="checkbox"/> | Heat Treat | <input type="checkbox"/> | Wave/Twist in Tube | <input type="checkbox"/> | Marks/Chatter | <input type="checkbox"/> | OTHER : _____ |  |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| No Re-verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Offset/Setup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Supplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Use for Testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Poor Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Rushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Product Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Process Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Manufacturing Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Past Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Crimp/Kink/Ripple/Wave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Cuffs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Heat Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Wave/Twist in Tube                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| <table border="0"> <tr><td><input type="checkbox"/> Power Loss/Surge</td><td><input type="checkbox"/> Positioned Wrong</td></tr> <tr><td><input type="checkbox"/> Folio/Program</td><td><input type="checkbox"/> Outside Dimensions</td></tr> <tr><td><input type="checkbox"/> Grain</td><td><input type="checkbox"/> Over/Under tolerance</td></tr> <tr><td><input type="checkbox"/> Weld</td><td><input type="checkbox"/> Part Incorrect</td></tr> <tr><td><input type="checkbox"/> Wrong Stock Pulled</td><td><input type="checkbox"/> Part Lost/Missing</td></tr> <tr><td><input type="checkbox"/> Out of Sequence</td><td><input type="checkbox"/> Part Moved</td></tr> <tr><td><input type="checkbox"/> Off-set</td><td><input type="checkbox"/> Drawing</td></tr> <tr><td><input type="checkbox"/> Mislabeled</td><td><input type="checkbox"/> Finish</td></tr> <tr><td><input type="checkbox"/> Fit/Function</td><td><input type="checkbox"/> Misread</td></tr> <tr><td><input type="checkbox"/> Misaligned/off center</td><td><input type="checkbox"/> Turning Sequence</td></tr> </table> |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Grain | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Weld | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Part Moved | <input type="checkbox"/> Off-set | <input type="checkbox"/> Drawing | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Finish | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Misread | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Positioned Wrong                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Outside Dimensions                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| <input type="checkbox"/> Grain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Over/Under tolerance                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Part Incorrect                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Part Lost/Missing                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Part Moved                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| <input type="checkbox"/> Off-set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Drawing                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Finish                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
| <input type="checkbox"/> Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Misread                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                           |                                        |                                             |                                |                                               |                               |                                         |                                             |                                            |                                          |                                     |                                  |                                  |                                     |                                 |                                       |                                  |                                                |                                           |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |               |  |
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type="checkbox"/>          | Over/Under tolerance <input type="checkbox"/>   | Cracks <input type="checkbox"/>                            | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/>              | Part Incorrect <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Cuffs <input type="checkbox"/>       | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Crushing <input type="checkbox"/>      | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/>            | Heat Treat <input type="checkbox"/>                      | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/>        | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/>     | Misread <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | <div style="border: 1px solid black; padding: 5px; min-height: 40px;">             OTHER : _____           </div> |  |  |  |  |
| <b>Root Cause</b><br><table style="width:100%; border: none;"> <tr><td style="border: none;">Environment <input type="checkbox"/></td><td style="border: none;">No Re-verification <input type="checkbox"/></td></tr> <tr><td style="border: none;">Design <input type="checkbox"/></td><td style="border: none;">Operator <input type="checkbox"/></td></tr> <tr><td style="border: none;">Doc/Data <input type="checkbox"/></td><td style="border: none;">Offset/Setup <input type="checkbox"/></td></tr> <tr><td style="border: none;">Equip/Tooling <input type="checkbox"/></td><td style="border: none;">Supplier <input type="checkbox"/></td></tr> <tr><td style="border: none;">Handling/Pre <input type="checkbox"/></td><td style="border: none;">Training <input type="checkbox"/></td></tr> <tr><td style="border: none;">Material <input type="checkbox"/></td><td style="border: none;">Use for Testing <input type="checkbox"/></td></tr> <tr><td style="border: none;">Internal Transport <input type="checkbox"/></td><td style="border: none;">Poor Information <input type="checkbox"/></td></tr> <tr><td style="border: none;">Tribal Knowledge <input type="checkbox"/></td><td style="border: none;">Rushing <input type="checkbox"/></td></tr> <tr><td style="border: none;">LOA <input type="checkbox"/></td><td style="border: none;">Product Improvement <input type="checkbox"/></td></tr> <tr><td style="border: none;">Substation <input type="checkbox"/></td><td style="border: none;">Process Improvement <input type="checkbox"/></td></tr> <tr><td style="border: none;">Past Expiry Date <input type="checkbox"/></td><td style="border: none;">Manufacturing Process <input type="checkbox"/></td></tr> <tr><td style="border: none;">Misidentified <input type="checkbox"/></td><td style="border: none;">Past Due <input type="checkbox"/></td></tr> </table>                                                                                                                                                       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type="checkbox"/>             | Product Improvement <input type="checkbox"/> | Substation <input type="checkbox"/>       | Process Improvement <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Misidentified <input type="checkbox"/>       | Past Due <input type="checkbox"/>   | <b>FAULT CATEGORY</b><br><table style="width:100%; border: none;"> <tr><td style="border: none;">Pressure/Forced <input type="checkbox"/></td><td style="border: none;">Temperature/Cure <input type="checkbox"/></td><td style="border: none;">Power Loss/Surge <input type="checkbox"/></td><td style="border: none;">Positioned Wrong <input type="checkbox"/></td></tr> <tr><td style="border: none;">Bending <input type="checkbox"/></td><td style="border: none;">Set-up <input type="checkbox"/></td><td style="border: none;">Folio/Program <input type="checkbox"/></td><td style="border: none;">Outside Dimensions <input type="checkbox"/></td></tr> <tr><td 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